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PROFIT CORPORATION ANNUAL REPORT

1997



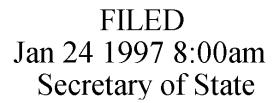
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000031284 (0)

U. S. STERLING CORPORATION, INC.





Principal Place					- : 18841081 110 18111 81811 80111 86414 88414		
		Mailing Address					
2590C -17TH STE SARASOTA FL 34		2590G- 17TH STREET SARASOTA FL 34234-1905					
US	7207	US					
-					3. Date Incorporated or Qualified 04/26/1994	3a. Date of La 03/04/199	
2. Principal Pla	ace of Business	2a. Mailing Address	th C7	2	4. FEI Number		Applied For
	17th STREET	26 917-17	50	REET	59-324 1926		Not Applicable
Suite, Apt #	r, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	, , , , , , , , , , , , , , , , , , , ,	5 Additional Required
City & State SAR	ASOTA FL	City & State SARASO	TA F	<u></u>	Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zip	Country	Zip	Country	Q	8. This corporation has liability for in		er s. 199.032,
24 3 42		29 34234	30 U		<u></u>	Yes No	·······
	9. Name and Address of Current	Registered Agent	81 1	James a	10. Name and Address of New Rec	pistered Agent	
CHESEBROUGH, PAMELA				Name			
	BULF BLVD		82 8	Street Addre	ss (P.O. Box Number is Not Acceptable	ie)	
INDIA	N ROCKS BEACH FL 34635		83				
			63		•		
			84 (City		Fi 85	Zip Code
44 5	- No. of Co. of co. CO. Of CO.	and CO7 1500 Florida Oral d	on the charact		pration submits this statement for the pr		o ito rogistorod
office or re	existered abont, or both, in the State of	of Florida. Such change was a	authorized by th	ie corporatio	on's board of directors. I hereby accep	t the appointmen	t as registered
agent Larr	ri familiar with, and accept the obligation	nons of, Section 607.0505, Fig	niua stajujes.				
agent Larr SIGNATURE	ri farmhar with, and accept the obligat		E Registered Agent s	ignature required	d when reinstating)	DATE	
agent Larr SIGNATURE		: and tile if applicable (NOT		signature required	d when reinstating) ADDITEONS/CHANGES TO OFFICE		TORS IN 12
agent Larr SIGNATURE S	Signature, typed or printed name of registered agen	: and tile if applicable (NOT	E Registered Agent s	ignature required			
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I. I do neroby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that if am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-379-9963

ne Phone #